



# APPLICATION FOR LIVESTOCK INSURANCE THIS IS NOT A BINDER

Coverage is only bound when a binder has been issued by EMO.



**THE EMO AGENCY, INC.**

A division of Marshall & Sterling, Inc.  
400 Rosedale Ct., Warrenton, VA 20186  
(540) 347-3552 (800) 347-3552  
FAX (540) 347-5906  
[www.rideemo.com](http://www.rideemo.com)

**IMPORTANT: No application will be considered if not fully completed and signed by the Applicant within 20 days of inception of coverage.**

Name and Address of Applicant: _____ _____ _____	Phone Number: Home: _____ Cell: _____ Bus: _____ Fax: _____	Policy Period: From: _____ To: _____ <b>12:01 AM STD Time</b>	ADDITIONAL COVERAGES REQUESTED Enter Amounts <b>Subject to Company Approval</b>		
			TYPE	ITEM #1	ITEM #2
			Major Medical		
			Surgical		
			Other		
			Other		

\*Sex of animal: M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding. \*\* For FOALS: Please enter the actual **month** and **day** of birth

\*\*\* Request for insurance coverage different from purchase price is subject to Company approval

Item: Name & Registration/Tattoo Number	Breed	*Sex	Date of Birth**	Exact Use	Date Acquired	Acquired from: Name/Address	Purchase Price <b>IMPORTANT</b>	***Mortality Amt Requested	Rate (Co. Only)
1)									
2)									

1) Are you currently working with an EMO agent? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, with whom: \_\_\_\_\_

2) Who referred you to EMO? \_\_\_\_\_

3) Are you the sole owner? \_\_\_ If no, list additional owners and addresses: \_\_\_\_\_

4) Was purchase price paid by cash, trade or both? Give particulars: \_\_\_\_\_

5) Are any animals financed or leased? \_\_\_\_\_ Give particulars (copy of Lease; Loss Payee) Name and Address: \_\_\_\_\_

6) Name/address/telephone usual trainer and farm manager: \_\_\_\_\_

7) Are animals healthy and capable of performing intended use? \_\_\_\_\_  
If no, describe: \_\_\_\_\_

8) Has animal ever been treated for accident, illness or lameness? \_\_\_\_\_  
If yes, give date and description of treatment: \_\_\_\_\_

9) Have animals been wormed and vaccinated regularly? \_\_\_\_\_ Frequency: \_\_\_\_\_

10) Are animals now insured? \_\_\_\_\_ Previously insured? \_\_\_\_\_ If yes to either, what company and amount insured: \_\_\_\_\_

11) Has any company canceled or refused to renew your coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give company, date and reason given for company action: \_\_\_\_\_

12) Has any horse owned by you died in the past three (3) years? \_\_\_\_\_ If yes, state cause and date

13) Are you insuring other horses with another company? \_\_\_\_\_

If yes, how many? \_\_\_\_\_ How are they used? \_\_\_\_\_

14) Name/address/telephone of your regular vet: \_\_\_\_\_

15) How long has vet treated horse(s)? \_\_\_\_\_

I understand that the signing and delivery of this application does not bind me to complete the insurance, nor the company to issue a policy; but each answer given in this application is a statement of fact which becomes a part of the policy should the policy be issued. By signing this application I acknowledge that I am aware that if at any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole option of the company and in accordance with any applicable state laws.

**I hereby certify that the above-named horse(s) have not had any sickness, illness, injury or disease in the last 12 months. If so give date and description of treatment:**

\_\_\_\_\_  
Starnet: Check to receive a mailed copy of your policy instead of an emailed copy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

EmoApp0516



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## **FRAUD WARNING NOTICES**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such a person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.